Position Description

Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☐ EXISTING POSITION ☐ UNCLASSIFIED							
Part 1 - Items 1 through 12 to be completed by department head or personnel office.							
1. Agency Name	9. Position No	10. Budget Program N	Number				
<u> </u>	K0233490	54100					
2. Employee Name (leave blank if position vacant)		11. Present Class Title (if existing position)					
		PSE – Group Home Program Manager					
3. Division		12. Proposed Class T	itle				
Prevention and Protection Services	-						
4. Section	For	13. Allocation					
Family Services	TIO	14 Effective Date		Danisian			
5. Unit Permanency	Use	14. Effective Date			Position Number		
6. Location (address where employee works)	Ву	15. By	Approved		Nullioci		
o. Location (address where employee works)	Бу	13. Бу	Approved				
City Topeka County Shawnee							
7. (circle appropriate time)	Personnel	16. Audit					
Full time X Perm. X Inter.		Date:	By:				
Part time Temp. %		Date:	By:				
Regular							
8. Regular hours of work: (circle appropriate time)	Office	17. Audit					
		Date:	By:				
FROM: 8:00 AM To: 5:00 PM		Date:	By:				
PART II - To be completed by department head, p	ersonnel office	or supervisor of the p	osition.				
18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position: n/a							
19. Who is the supervisor of this position? (person wh	o assigns work,	gives directions, answe	rs questions and is	directly in cha	rge)?		
Name	Title			Position Num	ber		
Vinetan Dualiana	Dublic Comice	E		V0222506			
Kirsten Prekopy	Public Service	Executive II		K0233596			
Who evaluates the work of an incumbent in this position?							
Name	Title			Position Num	ber		
Kirsten Prekopy	Public Service	Executive II		K0233596			
20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are							
given to the employee in this position to help do the work? c) State how and in what detail assignments are made.							

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed.

Number

Work is performed under general direction, requiring initiative and independent judgement. Verbal and written assignments are general and outcome oriented.

21. Describe the work of this position <u>using the page or one additional page only</u>. (Use the following format for describing job duties):

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	The person in this positon has access to protected health information (PHI) under the provisions of the Heath Information Portability Act of 1996 (HIPPA) Privacy Rule. PHI must be treated in accordance with the provisions of the HIPAA Privacy Regulation including the requirements for safeguarding, releasing and recording the release of such information. The person will receive training in the provision of the HIPAA Privacy Regulations as they relate to the duties of this position and has signed a confidentiality agreement.
		In addition to the tasks listed below, the incumbent is expected to communicate the Mission, Vision and Guiding Principles of the agency to peers, clients and the public; identify personal strengths and developmental needs to increase job performance and long-term career growth. Continually analyze work processes, seek new approaches and make recommendations to enhance efficiency and effectiveness of the agency. Works in a harmonious and cooperative fashion with other staff to provide efficient and effective customer service. Uses free time as available to assist other staff in the completion of work assignments. Contributes to a positive work environment through a positive, helpful, courteous demeanor towards staff, clients, and the general public. Adheres to appropriate standards of conduct regarding the use of leave and reports to work on time.
50%	Е	The Group Home Program Manager takes a lead role in the oversight of Residential facilities across the state. This includes creating process, procedure, policy, and standards related to Group Home programs. The Group Home Program Manager must be familiar with all Licensing Regulations as well.
		The Group Home Program Manager provides technical assistance to regional DCF staff regarding maintenance and operations of facilities.
		Responsible for reviewing and updating Placement Services Standards and working in conjunction with other Permanency Program Managers regarding the Handbook for Client Purchases.
		Update any PPS policy pertaining to Group Home facilities.
		Monitor the need for any corrective action plans or holds and then initiate and write corrective action plans and hold letters. Communicate effectively and timely with regional staff, Administration staff, and Group Home staff regarding corrective action plans and holds.
		Send background clearance notification to non-licensed facilities.
		Assist with regional site visits when necessary.
		Act as point of contact for new providers and State Case Management grantees on any Group Home/Residential facility questions or needs. Provide technical assistance as necessary.
		Maintain Statewide Residential providers list.
40%	Е	Coordinate and facilitate Statewide Quarterly Residential provider meetings.
		Coordinate workgroups as necessary.
		Maintain open communication with DCF licensing staff and DCF Grants and Contracts staff.
		Takes a leadership role through direct or indirect management of projects related to the Group Home programs. Participates in PPS policy workgroup, Permanency Advisory Committee and other work groups as assigned. Works closely with other members of the Permanency team in coordinating policy development.

10%		Maintains overall responsibility for the operation of the Group Home Programs. Answers questions posed by other DCF programs, agencies or consumers. Other duties as assigned.			
	ı				
(X) ()] ()]	Lead worke Plans, staffs, Delegates aut the names, cl	leadership, supervisory, or management responsibilities, check the statement which best describes the position: r assigns, trains, schedules, oversees, or reviews work of others. evaluates, and directs work of employees of a work unit. thority to carry out work of a unit to subordinate supervisors or managers. Lass titles, and position numbers of all persons who are supervised directly by employee on this position. Title Position Number			
() Mi (X) Mo () Ma () Los Please	nimal proper oderate loss of ajor program ss of life, dis give example perform dutie	st describes the results of error in action or decision of this employee? ty damage, minor injury, minor disruption of the flow of work. of time, injury, damage or adverse impact on healthy and welfare of others. failure, major property loss, or serious injury or incapacitation. ruption of operations of a major agency. es. es could result in potential loss of and/or wasteful expenditure of federal funds, impede service delivery to agency operations, and put this agency in jeopardy of legal action.			
24. For wh	at purpose, v	with whom and how frequently are contacts made with the public, other employees or officials?			
Regular and frequent contacts with regional office staff, providers, stakeholders, grantees, other contracting agencies, consumers and public are a necessary part of the management of the Group Home program.					
25. What h	azards, risks	or discomforts exist on the job or in the work environment?			
High stress related to responsibility level of work, short deadlines and responses to the field. Normal hazards related to use of office equipment. Travel is required.					
26. List ma	chines or eq	uipment used regularly in the work of this position. Indicate the frequency with which they are used:			
Daily use of personal computer for email and software for report management and monitoring. Telephone, fax, copy machine and automobile are used frequently.					

Must be familiar with any Federal Program Instructions related to Group Home/Residential facilities and integrate these instructions into policy and practice for compliance as necessary.

PART III - To be completed by the department head or person	onnel office				
27. List the <u>minimum</u> amounts of education and experience whic this position.	h you believe to be necessary for an employee to begin employment in				
Two years of experience in planning, organizing and directing the work of a department, program or agency. Education may be substituted for experience as determined relevant by the agency.					
Education or Training - Professional					
Licenses, certificates and registrations					
Must maintain current driver's license.					
Special knowledge, skills and abilities Familiarity with the operation and maintenance of Group Home of Good communication and public speaking skills Typing skills, general knowledge of Word and Excel programs Audit and site visit knowledge	facilities				
Experience - length in years and kind					
Preferred: A Bachelor's degree in a related field. Leadership abi	lity and independent work experience in management of programs.				
a necessary special requirement, a bona fide occupational qu	ecessary either as a physical requirement of an incumbent on the job, talification (BFOQ) or other requirement that does not contradict the a. A special requirement must be listed here in order to obtain				
Signature of Employee Date	Signature of Personnel Official Date				
Approved:					
Signature of Supervisor Date	Signature of Agency Head or Date Appointing Authority				